

ICMJE DISCLOSURE FORM

Date: 4. 26th, 2023

Your Name: shunmin wang

Manuscript Title: 22-1387

Manuscript number (if known): _____ Classification of cervical disc herniation myelopathy or radiculopathy
: an analysis based on magnetic resonance imaging _____

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the current manuscript only.

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In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
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2	Grants or contracts from any entity (if not indicated in item #1 above).	<u>__None</u>	
3	Royalties or licenses	<u>__None</u>	
4	Consulting fees	<u>__None</u>	

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11	Stock or stock options	__ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	__ None	
13	Other financial or non-financial interests	__ None	

Please summarize the above conflict of interest in the following box:

None.

Please place an “X” next to the following statement to indicate your agreement:

__shunmin wang__ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4. 26th, 2023

Your Name: yongfei guo

Manuscript Title: 22-1387

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Please place an “X” next to the following statement to indicate your agreement:

_yongfei guo _ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4. 26th, 2023

Your Name: yuan wang

Manuscript Title: 22-1387

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yuan wang I certify that I have answered every question and have not altered the wording of any of the questions on this form.

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Date: 4. 26th, 2023

Your Name: jie cao

Manuscript Title: 22-1387

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 jie cao I certify that I have answered every question and have not altered the wording of any of the questions on this form.

ICMJE DISCLOSURE FORM

Date: 4. 26th, 2023

Your Name: feng zhao

Manuscript Title: 22-1387

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Date: 4. 26th, 2023

Your Name: jingchuan sun

Manuscript Title: 22-1387

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Date: 4. 26th, 2023

Your Name: jiangang shi

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